

YCS Account Placement Form

Your Collection Solution™, LLC
P.O. Box 25201, Rochester, NY 14625-1330
(Phone) Toll Free 1-866-497-1006 or 585-385-1046 • (Fax) 585-385-1074

Your Name/Business Name: _____ Contact: _____ Date: _____

Debtor Information:

Name _____ Date of Birth/Approximate Age: _____

Address: _____ City, State, Zip: _____

Phone Information: Home: _____ Cell: _____

Work: _____ Fax/Other: _____

SS# or Tax ID#: _____ Driver's License #: _____

Place of Employment: _____ Relatives/References: _____

E-mail address/Facebook page/Linked In page or web site: _____

If there is a co-debtor or personal guarantor associated with this claim please fill out a separate form and in the comments section indicate primary debtor's name.

Collection Information: Provide supporting documents for all charges. Attach copies of the bill, invoice, contract, credit application, any relevant file notes, purchase order, invoice or work order(s), intake and financial responsibility forms. Provide a copy of debtor's check if you have one on file.

NOTE: If you are adding amounts or fees to the principal amount of your claim, you must provide an agreement signed by the debtor stating that they are responsible for such fees. This includes but is not limited to late fees, interest and bounced check fees.

Date Service Rendered/Judgment Entered: _____ Balance Due/Amount of Judgment: _____

Date and Amount of last payment: _____ Date of Last Contact: _____

Is this matter disputed? If so, please provide detail. _____

Was this matter ever placed with another agency or attorney? If so, please provide details including name and contact information of attorney: _____

Comments or things we should know about your claim: _____

This form may be (i) faxed along with your supporting documents to (585) 385-1074; (ii) placed in the mail, or (iii) e-mailed to jan@yourcollectionsolution.com.

Internal Use Only:

COI: _____ Collection Fees: _____ ALQ (If Legal): _____ Balance Confirmed: _____